

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90103 040 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000026416

1. Corporation Name
"RAICES" ART GALLERY INC.

Principal Place of Business
15499 MIAMI LAKES WAY #102
MIAMI FL 33014

Mailing Address
15499 MIAMI LAKES WAY #102
MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/20/1998

4. FEI Number
65-0834518

Applied For
Not Applicable

2. Principal Place of Business
21 **4715 BALGOWAN Rd**
Suite, Apt. #, etc.
22 **205**

2a. Mailing Address
26 **14715 BALGOWAN Rd**
Suite, Apt. #, etc.
27 **205**

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

City & State
23 **MIAMI FL**
Zip Country
24 **33016** 25 **USA**

City & State
28 **MIAMI FL**
Zip Country
29 **33016** 30 **USA**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COFINO, LUIS A
15499 MIAMI LAKES WAY #102
MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D			<input type="checkbox"/>
	COFINO, LUIS A	15499 MIAMI LAKES WAY #102	MIAMI FL 33014	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	D			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	COFINO, LUIS A.	14715 BALGOWAN Rd #205	MIAMI FL 33016		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

305-643-0715

CR2E034 (11/98)